

REQUEST FOR MONTHLY INTEGRATED PEST MANAGEMENT & PEST CONTROL

DEPARTMENT: _____ FACILITY: _____

IPM COORDINATOR: _____ PHONE: _____

COORDINATOR EMAIL: _____ FAX: _____

FACILITY ADDRESS: _____

AUTHORIZOR: _____ TITLE: _____

AUTHORIZOR PHONE: _____ EMAIL: _____

Pest Control may be conducted only when staff is not present (except bait applications and inspections).

When can a treatment be made? Please specify hours.

Monday	am	pm	Tuesday	am	pm	Wednesday	am	pm	Thursday	am	pm	Friday	am
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Work should usually be scheduled between 6:00 am and 2:30 p.m. Monday through Friday.

You have requested MONTHLY STRUCTURAL PEST CONTROL SERVICE from the Integrated Pest Control division of the Department of Agriculture, Weights and Measures. This means that your facility will be visited monthly and surveyed for pests.

- You will receive faxed notification prior to the arrival of IPC staff.
- Access to and post treatment security for the facility must be provided by the requesting department.
- County Security (858) 694-3552, and County Custodial Staff (858) 694-2393, must be notified about the job prior to our arrival.
- Prior to any pest control work, an inspection may be conducted to determine the extent of the pest problem and appropriate action to be taken. If the inspection does not reveal evidence of a pest problem, it may be determined that pest control work is not appropriate.
- If problems are due to structural deficiencies or lack of sanitation, work may not be undertaken until problems have been resolved.
- If your facility is not ready for service, it will not be treated. Preparation instructions will be provided when the treatment is scheduled.
- It is the legal responsibility of the contact person (IPM Coordinator) named above to convey the information regarding the application to anyone likely to enter or occupy treated areas, including custodial staff and security personnel.

CHARGES will be based on staff hours spent at the facility and travel to and from the facility. Supplies will be charged at purchased cost.

To DISCONTINUE MONTHLY SERVICES, fax, email or mail the Integrated Pest Control division thirty days prior to required termination date.

WEED CONTROL services will be provided upon separate request (see Request for Vegetation Control form)

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For Entrance and Exit, Designated Contact Person: (Name, business and home phone numbers, if different than above.)

Deep Sink or Hose Bib Locations for Water: _____

Additional Instructions: _____

Please return this form to Pest Management: FAX [858] 694-2186, Mail Stop 01 or Email ipc.awm@sdcounty.ca.gov

Questions? Please call [858] 694-3540. Thank you.